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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/797,673 TRANSMITTAL Filing Date March 10, 2004 First Named Inventor **FORM** Sukhadia, Ashish M. Art Unit 1713

**Examiner Name** Lee, Rip A. (to be used for all correspondence after initial filing) Attorney Docket Number C51757 0520 (51879.0359.6) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ~ Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** Return Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Womble Carlyle Sandridge & Rice, PLLC Signature Printed name Jeffery B. Arnold Date Reg. No. May 12, 2006 39.540

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Application Number   10797,673   Filing Date   March, 10, 2004   First Name   Lee, Rip A.	1 6 2006			U.S. Pat	ent and Tra	demark Office: U.S. DE	PTO/SB/17 (01- 07/31/2006. OMB 0651-0 PARTMENT OF COMMER
FEE TRANSMITTAL For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 600.00  Att unit 1713  Att unit unit unit unit unit unit unit un		ction Act of 1995	no persons are required t	o respond to a collec			
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First Named Inventor   Sukhadia, Ashish M.				Application N	lumber		
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 600.00						March 10, 2004	
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 600.00  Attomey Docket No. C51757 0520 (51879.0359.6)  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number. 09-0528 Deposit Account Name: Womblo Carlyle Sandridge & Rice, PLLC  For the above-identified deposit account, the Director is hereby authorized to: Check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  WARNING: Information on this form may become public. Credit card Information and authorization on PTP-02398.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (3) Fee (3) Fee (3) Fee (5) Fee	Fo	For FY 2006			Inventor	Sukhadia, Ashish M.	
METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account Deposit Account Number   Og-0528   Deposit Account Name;   Womble Carlyle Sandridge & Rice, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Order of Sandridge and authorization on this form may become public. Credit card information and authorization on PTo-2938.    FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)	Applicant claims sm	all entity etatus	See 37 CER 1 27	Examiner Na	me	Lee, Rip A.	
METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: □ 09-0528 □ Deposit Account Name; Womble Carlyle Sandridge & Rice, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ I Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	Applicant claims sin			Art Unit		1713	
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number. 09-0528 Deposit Account Name: Womble Cartyle Sandridge & Rice, PLLC   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	TOTAL AMOUNT OF PA	YMENT (\$)	600.00	Attorney Doc	ket No.	C51757 0520 (51	879.0359.6)
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Deposit Account	Deposit Accoun	nt Number: 09-0528	Deposit	t Account N	ame: Womble Carlyle S	Sandridge & Rice, PLLC
Charge any additional fee(s) or underpayments of fee(s)  Warning: Information on this form may become public. Credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (5)  Fee (6)  Fee (6)  Another of the pendent claims  Total Claims  Fee (1)  Fee (2)  Fee (3)  Fee Paid (5)  Fe							•
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WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.    FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)	Charge any	additional fee	(s) or underpayments o	f fee(s) Cre	dit any ov	verpayments	
Information and authorization on PTO-2038.   FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   Small Entity   Fee (\$)	under 37 C	FR 1.16 and 1. his form may be	.17 ecome public. Credit card			• •	rovide credit card
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Utility   300   150   500   250   200   100	Application Type				<u>Fee</u>		Fees Paid (\$)
Design	Utility	300			20		
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Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims  Total Claims  Total Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  6 - 3 or HP = 3 x 200 = 600  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  N/A - 100 = N/A / 50 = N/A (round up to a whole number) x 0 = 0  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  N/A - 100 = N/A / 50 = N/A (round up to a whole number) x 0 = 0  Fee Paid (\$)		200	100 30	0 150	16	0 80	
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Number of each additional 50 or fraction thereof N/A - 100 = N/A / 50 = N/A (round up to a whole number) x 0 = Fee Paid (\$)  Fee (\$) Fee (\$) Fee (\$) Fee Paid							
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  N/A - 100 = N/A / 50 = N/A (round up to a whole number) x 0 = Fee Paid (\$)  O  Computer than 3.			100	0		o o	Small Entity
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  N/A - 100 = N/A / 50 = N/A (round up to a whole number) x 0 = 0  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)	Fee Description					<del></del>	Fee (\$)
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Pee Paid (\$)  Multiple Dependent Claims  A2 - 20 or HP = 0 x 0 = 0  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  N/A - 100 = N/A / 50 = N/A (round up to a whole number) x 0 = 0  Fees Paid (\$)							
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	Signature	1 Seller	3/10	Registration No	o. 39,54	Telephoi	ne (404) 879-2433

SUBMITTED BY				
Signature	1 M	AS	Registration No. (Attorney/Agent) 39,540	Telephone (404) 879-2433
Name (Print/Type) J	effery B. Arnold	/		Date May 12, 2006

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